

This grant application is intended for applicants to carry out small-scale and not-for-profit projects, initiatives, or events of a social, cultural, and educational nature.

The following conditions and criteria apply:

- A grant application must be completed, with the relevant supporting documentation attached, and submitted to the department at the address indicated below. **Response to a grant application may be delayed if insufficient information is provided.**
- Applicants requesting a grant must be either a First Nation community, an Indigenous organization recognized by the department, or an individual 18 years of age or older who is currently registered with a First Nation community (Status) and residing in New Brunswick.
- All projects/events must be supported by a First Nation community or Indigenous organization.
- Applicants must have at least one other source of funding or in-kind support.
- Applicants are limited to one submission per year/per category.
- Upon completion of the project or event for which a grant has been provided, **the recipient is required to provide a final report within 30 days** summarizing and evaluating the project or event. As well, the report must include a financial statement that lists all revenues and expenditures.
- Eligibility criteria are reviewed on an annual basis and are subject to change at any time.
- The Assistant Deputy Minister of Indigenous Affairs, at their discretion, may vary the terms and conditions for providing a grant.

If you require clarification or assistance in completing this application, please contact:

Department of Indigenous Affairs
PO Box 6000
Fredericton, New Brunswick
E3B 5H1
Telephone number: (506) 462-5846
Fax number: (506) 444-5142
Email: AboriginalAffairs@gnb.ca

A. Grant Applicant Information

Name of Applicant:

Mailing Address:

City: _____, **NB** **Postal Code:** _____

Email Address:

Telephone number: () _____ **Fax number:** () _____

First Nation / Indigenous Organization:

How did you hear about this grant program? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Friend/family
<input type="checkbox"/> Chief and Council
<input type="checkbox"/> Someone who had applied for this grant in the past
<input type="checkbox"/> Government of New Brunswick's website | <input type="checkbox"/> Government of New Brunswick employee
<input type="checkbox"/> Organization (name: _____)
<input type="checkbox"/> Other: _____ |
|---|---|

B. Project or Event Information

Title of Project or Event:

Start Date:

End Date:

Contact Person:

Telephone number: ()

Email Address:

Type of Project or Event (Please check one of the following):

Workshop

Conference

Powwow

Festival

Gathering

Cultural Awareness

National Indigenous Peoples Day

National Day for Truth and Reconciliation

Other

1. Briefly describe the project or event (including activities planned, what you hope to achieve, target groups, etc.). Please attach any relevant documents.

2. Describe the direct benefits of the project or event to the Indigenous people in your community or in New Brunswick.

C. Budget

Categories / Activities	Financial Support
Hosting a Workshop/Conference	Maximum \$2,500 Up to 25% of total cost
Attending a Workshop/Conference	Maximum \$500 Up to 25% of total cost
Pow Wow/Festival/Gathering	Maximum \$1,000 Up to 25% of total cost
Cultural Awareness	Maximum \$1,000 Up to 25% of total cost
Other	Between \$250 - \$5,000

1. List all revenue sources, including self-generated funds, and in-kind contributions. Attach confirmation of funding from other sources.

	Anticipated Revenue	Confirmed Revenue
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Revenues	\$	\$

2. List all expenses (be as specific as possible). Attach a separate sheet if necessary.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$

C. Budget (continued)

3. Which items in your budget do you plan to use the Grant funds for?

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Amount of Grant Requested	\$
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D. Declaration

- I certify that the information presented in this application is accurate.
- The Project or Event is endorsed by the organization that I represent.

Signature:

Name (please print):	Date:
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E. For Departmental Use Only

Grant #:	Date received:
Total Project Cost: \$	Amount Requested: \$
Recommendation: \$	Amount Approved: \$
Recommended by:	Approved by:
Date:	Date:
Repeat Applicant? Yes/No	
If yes: Previous final report received? Yes/No	